

The Comprehensive Addiction and Recovery Act strengthens our substance abuse prevention, treatment, recovery, and law enforcement infrastructure. While it focuses on prescription opioid abuse and heroin use, it also has the potential to help other drug problems that we face. Specifically, it authorizes a number of programs to: ensure access to appropriate, evidence-based medical treatment; address local and emerging drug threats and trends; equip first responders with lifesaving tools, such as Naloxone, an opioid overdose-reversal drug; and strengthen prescription drug monitoring programs to reduce overprescribing, doctor shopping, and ultimately overdose deaths. The bill also establishes an interagency task force on pain management and opioid painkiller prescribing. The overprescription and overuse of these drugs are a major factor in this epidemic.

Lastly, to examine ways to improve access to drug treatment, the bill requires a Government Accountability Office study on the 16-bed limit for Medicaid reimbursement to drug treatment programs, also known as the Institutions for Mental Disease exclusion.

The holistic nature of this bill is a clear step in the right direction. It also supports the administration's efforts to confront this epidemic and can help accomplish the goals laid out in the 2015 National Drug Control Strategy.

However, there are two things that I believe would have made this comprehensive bill even more effective: 1, addressing the sheer volume and availability of opioid painkillers; and 2, full funding.

First, on the widespread availability of prescription opioids, I would like to outline a few often-cited facts from the Centers for Disease Control and Prevention. Health care providers wrote 259 million prescriptions for opioid painkillers in 2012. This was enough for every American adult to have their own bottle of pills. Since 1999, the sale of prescription opioid painkillers has increased by 300 percent. At the same time, there has been no change in the amount of pain patients reported. During this same time period, deaths from overdose of prescription opioid painkillers quadrupled.

Additionally, according to the National Institute on Drug Abuse, 20 percent of people ages 12 and older have used prescription drugs nonmedically at least once. The majority of those who abuse prescription opioids get them for free from a friend or relative, often from legitimate prescriptions written in excess.

And, over the past 5 years, the Drug Enforcement Administration has collected more than 5.5 million pounds of unused or unwanted drugs, including opioids.

Moreover, data from Express Scripts shows that while there are fewer individuals filling prescriptions for opioids, the overall number of prescriptions

filled, as well as the number of days per prescription, both increased.

All of this shows there are simply too many pills available for diversion and abuse, and I believe better prescribing practices can play an important role in reducing excess supply.

Our doctors and health care providers must improve the way they prescribe these opioids, to ensure safe and effective pain relief, but also to prevent misuse and overdose. At the same time, we must also maintain appropriate access for legitimate medical needs.

Updated guidelines, such as those the Centers for Disease Control and Prevention will soon release, will help improve prescribing practices. Increased prescriber education can also help.

I am also looking into the possibility of responsibly regulating initial opioid prescriptions to reduce risk for misuse, addiction, and diversion. In my view, a patient who has a simple dental procedure does not need a 30-day supply of Vicodin. This is the type of prescribing that I believe we need to fix. Second, a bill like this can only have a positive impact if its programs are actually funded.

My colleague from New Hampshire, Senator SHAHEEN, has introduced an amendment that would provide emergency funding for the programs authorized in this bill, and I urge its passage.

I do not need to tell you that opioid and heroin abuse are very serious problems, but today we have an opportunity to address the issue head-on and save lives. I encourage my colleagues to join me in voting for this important bill.

Thank you.

Mrs. BOXER. Mr. President, the United States is in the midst of a full-blown drug crisis. More people died from drug overdoses in 2014 than any previous year on record, claiming more lives than car accidents across the country. Since 2000, there has been a 200 percent increase in the rate of overdose deaths involving opioid pain relievers and heroin, with 61 percent of all drug overdose deaths in 2014 involving some type of opioid.

These tragedies are proof of the fierce bonds of addiction, and it seems no State has been spared from the opioid epidemic. In my State of California, deaths involving prescription pain medications have increased by 16.5 percent since 2006. In fact, there were more than 1,800 opioid-related deaths in 2012 alone, and 72 percent of those involved prescription pain medications.

We cannot ignore the opioid crisis anymore. This is not a problem for only the local communities or State officials. This is a nationwide crisis and addressing it requires a multi-pronged response at all levels of government. Last year, California was one of only 16 States selected to receive funding from the Centers for Disease Control and Prevention, CDC to help improve safe prescribing of opioid painkillers, an important step forward in tackling the root cause of this debilitating drug crisis.

The pain and sorrow of drug addiction knows no limits. This is a tragedy that impacts families from all backgrounds, including our servicemembers and veterans. There is substantial evidence that prescription drug use and abuse is a major contributing factor to military and veteran suicides. This has been a concern of mine for several years, and I was proud to work with my colleagues in 2013 to ensure that military and veterans hospitals were included in the Drug Enforcement Administration's prescription drug takeback efforts so that our military personnel, veterans, and their families could voluntarily dispose of unwanted or unused prescription drugs.

However, much more must be done to combat this epidemic. To address this emergency fully and effectively, we need to provide immediate funding to the key grant programs included in the Comprehensive Addiction and Recovery Act, CARA. I applaud Senator SHAHEEN and Senator WHITEHOUSE for introducing an amendment to give the Department of Justice, DOJ, and the Department of Health and Human Services, HHS, the tools they need to fund the essential prevention, treatment, and law enforcement programs to help the families and communities torn apart by drug abuse.

American lives are on the line, and we cannot wait to act. I urge my colleagues to support this legislation.

Mr. BROWN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TILLS). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Mr. REID. Mr. President, today the Supreme Court heard the oral arguments in *Whole Woman's Health v. Hellerstedt*. At issue in this case is a Texas law that puts restrictions on women's health clinics and providers.

Contrary to what proponents claim, these restrictions do not enhance women's health in any way. They are medically unnecessary, according to groups like the American Medical Association and the American College of Obstetricians and Gynecologists. Instead, these restrictions serve just one purpose: to restrict women's access to clinics.

If the Texas law stands, nearly three-quarters of the State's clinics will be